mation TION CAU

S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00719
1. PLACE OF DEATH	(93·C)
County Prince JEozge	Registration Dist. No. 245
Village or City Styattsville	No. # 11 Ballimore St., 121 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds How long In U. S. if of foreign birth?yrsmos ds.
(a) Residence: No# 11 Battimere Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nor DIVORCED (wrigh the word) Male **The color of Race of Divorced (wrigh the word) **Married***	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Edna Burt atherton	22. I HEREBY CERTIFY, That I attended deceased from Curgues 1930, to January 272, 1931.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h. A. alive on
8. Trade, profession, or particular kind of work done, as SPINNER, Vetermarian	Carential Hypertensian Date of onset
9. Industry or business in which work was done, as SILK MILL. 24.5. B.A. I. SAW MILL, BANK, etc. 10. Date deceased last worked at 1/26/3, this occupation (month and wash) spent in this section of the	Cecute Cardiac Delatation?
12. BIRTHPLACE (city or town) Bloomington (State or country)	Other Contributory Causes of importance:
13. NAME Onesimus &. Alherton 14. BIRTHPLACE (city or town) Mayorble, Bry.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME amoud a. Parks 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Prawh, 6. ASHERTON. (Address) 18. BURIAL, CREMATION, OF REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place It i Sincoln M Date Jan 29-, 19 31	Manner of injury
19. UNDERTAKER I Sasche Some Some (Address) Infamentle in 2	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jan 28 19 31 Ma, Jan Berele	(Signed) Saus 12. Castell M. D. (Address) 835-Eye St., N. W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

f ce cr

-	E.	7	
WRITE PLAIN'Y, WITH UNFADING INKTHIS IS A PERMANENT RECORD	Br. Every item of ity a tion should be carefully supplied ACE shoul be stated EXACTLY, PH	prop classified.	Continued of Continued on the Continued
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PLACE OF DEATH

County Jeo	CERTIFICATE OF DEATH
Dadus	Registration Dist. No. 233
2FULL NAME RULEY W.	St.: Ward) (If death occurred in a hospital cr institution, give lis NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw him alive on
AGE 3 1 yrs. 2 mos. ds. or min.?	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work	Mulmung Interculos
-(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
DEIRTHPLACE (Ntate or country) 10 NAME OF FATHER Homas M Boden	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Duration) (Duration) (Signed) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER WILL A. TYPE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs
(Informant) Ladie & Bader	Former or usual residence
(Address) Davien mr	Date of Burial OR REMOVAL Jan 19, 1931
5 Filed an 18 1931 Emest W. Barne	a Drimes Aquasco me
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06720 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oehousehold only (not paid Househoopers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from (a) Foreman, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, (b) Grocery; Wom-

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Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrosphable term for the same disease. Examples: Cerebrosphable to the only definite synonym is "Epidemic cerebrosphable the only definite synonym is "Epidemic cerebrosphable in the only definite synonym is "Epidemic cerebrosphable in the only definite synonym is "Epidemic Preumonia"; Typhoid ferer (never report "Typhoid Preumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

or as probably such, if impossible to determine definitely.

Examples: Accidental drowning; Struck by railway train stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma,, etc.. of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revelver wound of head-homicide; Poisoned by Whooping American Medical Association.)
If this certificate is looked over thoroughly and all questions State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic affection need not be valvular heart discuse;

If this certificate is looked over thoroughly and all questions asserted in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermanently filed.

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory not be

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PLACE OF DEATH	STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
	Registration Dist. No. 235
Village or City Farestorlle and castia D	9 70# 3 (If death occurred in
Village or City / account (Macroscotta)	a hospital or institu-
2FULL NAME Munie Ellis	Beall. tion, give its NAME itstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 1 2 2 1021
WIDOWED.	Jan 28/93/, 192
Flux W OR DIVORCED Warried (Write the word) Warried	(Month) (Day) (Year)
6 DATE OF BIRTH	lan 28 1931 to Jan 28 1931
December 5, 1860	0/ 19.00 01
(Month) (Day) /(Year)	that I last saw h evalive on flux d, 199,
	The CAUSE OF DEATH * was as follows:
67 yrs. mos. 23ds. or min.	Cadua Hetares
8 OCCUPATION	
(a) Trade, profession or House wife	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
	Contributory Chronic Myocarditio
9 BIRTHPLACE (State or country)	Secondary Leuseau (Duration) 1 yrs 1008 ds.
10 NAME OF	11 00 007 71 11
FATHER B. L. Duckett	(Signed) M. D.
IN 11 BIRTHPLACE	Jan 28 198/ (Address) Upper Gaellars Ral
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Rebecca Kungebury	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Maryland.	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Thurband - anacastia DE. 71#3.	Former or usual residence
1 00	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wr Will Beall .	Meadous mal. Jan 3,0,0 31
15 Filed Jan 29 1931 Thos D. Gulfithe	29 UNDERTAKER ADDRESS
Filed L. 1921 / 100 V. S. Registras	Milche Bros Vitchel mg
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	An at the other	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of	onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	191	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	192	21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,	,1927	Perilonitis	3 days ago
13 V 36 26 V 8	3. 19			
•				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1	,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2112

(If death occurred in a hospital or institution, give its NAME instead of street

MEDICAL CERTIFICATE OF DEATH (Month) 93 (Day) 93 (Year).... I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, at 10:30 A The CAUSE OF DEATH * was as follows: *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., William laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Foreman, or At Home, and children, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) Jelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

Y, PHYSI.	PLACE OF DEATH County Prince Les.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 240
ted EXACTLY, perly classified	Village or City Grandywine (No 2 FULL NAME Car	St; Ward) St; Ward) St; Ward) Stip Ward) Stip Ward) If death occurred in a hospital or institution, give its NAME infend of street and amber.)
/ED FOR BINDING INKTHIS IS A PERMANENT y supplied ACE should be sta in terms so that it may be pro See instructions on back of ce	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE If LESS than dayhrs. hrs.	MEDICAL ERTIFICATE OF DEATH 16 DATE OF DEATH Accu. 28-, 1633 Month
WRITE PLONE, WITH UNFADING IN B. BEve y that of information should be carefull strength of occupation is very important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 110 NAME OF FATHER 12 MAIDEN NAUE OF MOTHER 12 MAIDEN NAUE OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) 15 Proceedings of the state of the	Contributory Secondary Duration) Duration) Secondary Duration) Secondary Contributory Secondary Duration) Secondary Contributory Secondary Contributory Secondary Duration) Secondary Contributory Secondary Contributory Secondary Secondary Secondary Contributory Secondary Secondary Contributory Secon

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it the first line will be sufficient, c. g., Farmer or Plantor tion applies to each and every person, irre-pective of cupation is very Important, so that the relative healthtired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form purt of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The queswhatever, write None. Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro,"); spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e.g., sepsis, tetanus) may be stated under the conditions, such as "Asthenta," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." (Recommendations on state Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or homicidal, of taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsions." symptomatle), "Atrophy," "Collapse," causing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); mges, peritonacam, etc., Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Examples: Accidental drowning; (secondary or lutercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name orlgin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.) Carcinoma, Sarcoma, etc., of Example: Measles Struck by railway Always qualify all "Coma," "Con-Meastes; (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondnace. All the data is essential and must be obtained before the cartificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." American Medical Association.) "(Tranition," "Heart failure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory death

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23/

(If death occurred in Ward)

a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Day). That I attended the deceased from

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

18 TENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State yrsds.

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, laborer, Farm taoorer, Luovice the en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the and children, mill; (a) Salcsman. (b) Laborer-Locomolive engineer, not gainfully em-Grocery.

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of (secondar; or intercurrent) affection need not be stated unless important. Example: Meusles (disease American Medical Association. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Roisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping "Atrophy." "Collapse." "Coma," "Convulsions, interstitial nephritis, cough; Chronic etc. The valvular heart disease; Always qualify all eontributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is opermanently filed

Every

No න් PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Truck Georges	CERTIFICATE OF DEATH
0.00	Registration Dist. No. 235
Village or City Lesea (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary Sussie	Confermed stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, MORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 2 1870	, 192, 192,
(Month) (Day) (Year)	that I last saw h alive on 192
	and that death occurred on the date stated above, atm.
60 yrs. 3 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Pulmonary tulerculadis Cut Rrs. mos. ds.
9 BIRTHPLACE (State or country)	Thos. D Sufferhole (asl coro) do.
11 BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D.
Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Olyde Carter	Former or usual residence
(Address) Glesia my	Ledan Hill lever, rice 1-15, 1931
Filed //12 1931 Thos D & ffelt	20 UNDERTAKER ADDRESS HAVE 131-11 N. S. E SIR.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may he entered as Housewife, Houseer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should he used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the misease causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Spinal meningitis"); Diphlheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved hy Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childhirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can he ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic The nature of the injury, valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1 PLACE OF DEATH County Prince Si	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Uper Marketon of 2FULL NAME Site Carroll	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 4 , 19 3 /
6 DATE OF BIRTH Whom (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to M. 1981., that I last saw here alive on Jun 22. 1930,
7 AGE If LESS that I day hrs or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Waryland 10 NAME OF Hueman brook	Contributory Secondary (Duration) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Marylun 1	ients or Recent Residents) At place of death yrs mos, ds. State yrs mos ds.
(Informant) Edward Woold	Former or usual residence
15 Filed an 26 103/ Now Fully Registra	20 Milder Temboro hoffer 27, 1931 20 Milder Bros Vilche Ma
	ir, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation laborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever; write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physicism, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," "(Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJUNY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic valvular heart etc. The contributory Nomenclature of the discose;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis FEB 5 19	3 1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
CUPTAU	V. S. 1			
4				
Other contributory causes of importance:	940	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Addréss)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

death is said

Date of onset

Wes there an eutops 2 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

at not

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	3 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU	. S.		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more banks are needed, addres State Registrar, 16 W. Saratoga St., Balton,

V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile fuctory. The material additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farger or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, For many yrs). For persons who have no occupation Stationary fireman, etc. But in many occupations a single word or term on Locomotive engineer,

spinal meningitis"); Diphtheria avoid use of "Croup",
Typhoid fover 'never report "Typhoid Pneumona"; spinal meningitis"); Diphtheria ed term for the same dise.se. Examples: Cerebro pinto Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respec time and causation), using always the same accept (the only definite synonym is "Epidemic cerebropneumonia, Branchopneumonia ("Pneumonia,

> American Medical Association. telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-honicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonities," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" for malignant neoplasms); Mousles; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid or intercurrent) Committee on Chronic and consequences (e. g., sepais, " "Old Age," "Shock," affection need not be ctc. The contributory vulvular heart Nomenclature discuse;

ans data vered in detail, it will prevent further correspondence. All the is essential and must be obtained before the restificate is this certificate is looked over thoroughly and al questions

anently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No.

66730 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 5 5

St Ward) (If death occurred in a hospital or instituion, give its NAME in--tead of street wumber.) MEDICAL CERTIFICATE OF DEATH Jan. 1st. (Day) I HEREBY CERTIFY, That I attended the deceased from Dec 3/ 1900 O, to Jan 1 and that death occurred on the date stated above. The CAUSE OF DEATH & was as follows: (Address) U. b *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-19 PLACE OF BURIAL OR REMOVAS DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus: Narmer (re or given up on account of the DISEARE CATSING DEATH to report specifically the occ. pations of persons enployed, as At achool or At home. Care should be taken definite sulary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborershould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. "pinner, (b) Cotton mill; (a) Salesman, (b) Statement of Occupation-Precise statement of oc-6 yrs.). For many occupations a single word or term on OF without more precise specification as Day Home, and children, not gainfully em-For persons who have no eccupation -Coal mine, etc. Wom-The material But in many Crocery;

Example of Cruse of Death—Name, first, the present course causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic c rebrospinal meningitis"); Diphtheria (avoid us of "Croup"); Typkoid fever (never report "Typhoid pneumonia.")

tions

this certificate is looked over thoroughly and all quess answered in detail, it will prevent further correspond All the data is essential and must be obtained before

the certificate is permanently filed.

diseases resulting from childbirth or miscarriage as rhage," "Juauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for mallgnant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, SCICIDAL, or HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustlon," "Heart failure." "Haemor-Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MICANS OF INJURI "contributory." "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; (Recommendations on state-"Апаетіа" Always qualify all "Coma." The na-(second-(disease (merely "Содetc.

PLACE OF DEATH

00736

STATE OF MARYLAND CERTIFICATE OF DEATH

1	Registration Dist. No. 243
Village or City Bore (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Calard OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h sexualize on face 2 1939
8 0 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows;
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) Jyrs mos de Contributory Secondary (Duration) Jyrs mos de (Signed) Delfe M. D Sente the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos de. Where was disease contracted, if not at place of death? Former or second Residents descriptions of the State was disease contracted, if not at place of death? Former or second Residents descriptions and second Residents descriptions are second Residents.
(Informant) (Address) (Address)	Deace of Burial OR REMOVAL Baric Jan 5, 1981

Registra

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

Every Item

Filed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: 'a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," Manager," (Feal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc without more precise specification as For persons who have no occupation Salesman. (b) Locomoline The material cugincer (irmery) Wom-Day

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syncnym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); "phoid fever (never report "Typhoid Pneumonia"); whar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "(Exhaustion," "Heart lanure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaomia" (merely symptomeausing death), 23 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) (clanus) may be stated under the head of "contributory as fracture of skull, and consequences (e. g., serens, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Carcinona, Sarcona, etc. affection valvular heart disease; Nomenclature The contributory Always qualify all need not be Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH

V. S. No. 1

County Trines Jurige	CERTIFICATE OF DEATH
Village or City Henelworth, (No	St.: Ward) St.: Ward) (If death occur, a hospital or is tion, give its NAM stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE BSINGLE, MARRIED, WILDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH Jan., (Month) 17 (Day) / 83/(Ye 17 I HEREBY CERTIFY, That I attended the deceased Jan., 1 1920. to Jan., 17, 19 that I last saw herealize on Jan., 17, 19
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Slorge Payne	(Durstion) 3 yrs. mos. Contributory Pulmary Declaration Secondary (Durstion) yrs. mos. (Signed) 7 1920 (Address) 6 0 / Min are
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Scrabeth Vernas	*State the lisease Causing Death, or, in deaths in Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ionts or Recent Residents) At place In the of death yrs
(Informant) B. Washon (Address) Carton an + Semilar Cade Filed Jan 17th 1981 Dr. D. Spicer Registral	Former of usual residence 19 PLACE OF BURIAL OR REMOVAL Mashington 20 UN DERTAKER ADDRESS Washington ALL 2-4 M
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or Al Hoine, and children, not gainfully emshould be used only when needed. As examples: (a) g ged in domestic service for wages, as Servaut, Cook Housemaid, etc. If the occupation has been changed er," etc., without more process, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term or Stationary fireman, etc. (a) the kind of work and also (b) the But in many

Statement of Cause of Death—Name, first, the Dis-EA: I (WING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronehopneumonia ("Pneumonia,")

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permanently filed.

answered in detail, it will prevent further correspondence. All the

"Lietaius) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of aecident; Revolver wound of head-homieide; Poisoned by Examples: A ecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a l qu stions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronie valvular heart etc. The contributory affection Nomenclature need discase; not be

Village or City Remains Of S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 5
2FULL NAME Lloyd A	Douglass Ward (Ir death occurred in the hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Married	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH March 7 (Month) (Day) (Year)	that I last saw hand alive on Jan. 16 , 1927.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Washing ton 10.C	Contributory Country Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Llayd a Douglass. 11 BIRTHPLACE OF FATHER (State or country) Washington D. C. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 Country 15 Country 16 Country 17 Country 18 Country 19 Country 19 Country 10 NAME OF Justine Schwarf 11 BIRTHPLACE OF MOTHER (State or Country)	(Signed) (Signed) (Signed) (Address) (Address) (Bath, or, in desths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal. (B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Kathleen & Douglass (Address) marlbors Pike 15 Filed 1/16/31 192 Thos D & Fifth	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Cedar Jaill Cemetery Jan 19.31. 20 UN DERTAKER. Frank Genera Sons Co 1113-7 St n.s.
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changedgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation? without more precise specification as Day Stationary fireman, etc. -Coal minc, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and alles au a 6 2FULL NAME number.) roper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at . (The CAUSE OF DEATH * was as follows: -THIS ESERVED ...min.? B OCCUPATION te (a) Trade, profession or Z S particular kind of work UNFADING INK refully in plai (b) General nature of industry business, or establishment in R which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) 3 L 192___ (Address) 11 BIRTHPLACE OF FATHER *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether ENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or country 00 Where was disesse contracted, if not at place of dea.h?. usual res.dence DATE OF BURIAL Filed If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, etc., For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material the kind of work and also (b) the single word or term on Grocery,

Statement of Cause of Death—Name, first, the Dis-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospenal ferer* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Branchapneumonia* ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepeis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; Chronic valvular heart disease etc. The contributory etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed:



	County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Bennings Down 1941 Great 2FULL NAME Curtis Earl Warner	Registration Dist. No. Le Capt, Teighted, Maward) a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word) mugle	16 DATE OF DEATH Jan 1981 (Month) (Day) (Year)
	6 DATE OF BIRTH Movember 28, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1981, to fam 11, 1981, that I last saw ham alive on fam 10, 1981,
, in	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 12 P.m. The CAUSE OF DEATH * was as follows:
A carino	(a) Trade, profession or particular kind of work	asphysia
	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Status Lymphaticus
	10 NAME OF FATHER GAY S. Ewell. 11 BIRTHPLACE OF FATHER	(Signed) Paul & Jalla M. D. (Signed) (Address) Upper Marlboro RA
	(State or country) Very 12 MAIDEN NAME OF MOTHER COUNTRY M. Brashear 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds.
	(Informant) Buy & Ewell	if not at place of death? Former or usual residence
	(Address) Benny DC X41 med.	Jedan Hill Cen 1/12/31. 19
	Filed Jan 12 192 Frace Low Registrar	Charles & Halley 517-11 st &C
-	If more banks are needed, address tate Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foremun, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pineumonia, Bronchopneumonia ("Pneumonia,")

retainus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory etc., of

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FED 5

(Address) ____

If more blanks are needed, address Sale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Eş	ample I		Example II	
The principal cause of dent of importance were as follow	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 8 1991	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUYDAUV	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Prince Les	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City lepper Marbon 8	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, hidow OR DIVORCED (Write the word)	16 DATE OF DEATH 2 9 , 1987
6 DATE OF BIRTH Man	17 I HEREBY CERTIFY, That I attended the deceased from 29 1987 to fam 29 , 1987 that I last saw her alive on Jan 28 , 1987
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 10-30 Am The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cant drawas + asthund
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) A yrs. mos. 8 ds
10 NAME OF FATHER William Smith	(Signed) Conday Lossow M. D.
OF FATHER (State or country) manyland 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Man Jane Jenking 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country).	of deathyrsmosds. Stateyrsmosds Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Mortinus Cranford (Address) Upper Marlagn	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wye wallow has been 3/, 19.3.
Filedan 30 108/ Registral Registral	20 W Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," ete., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (we state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on 118). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sareonia, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Upper Marehondhold 2FULL NAME Harry Ward Is	Registration Dist, No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Manuel WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 30, 1989 (Year)
6 DATE OF BIRTH Nov 29, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to fax 30, 1981, that I last saw 1442, alive on fax 30, 1981,
7 AGE John John John John John John John John	and that death occurred on the date stated above, at 11 P. m. The CAUSE OF DEATH * was as follows:
a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Pern, 10 NAME OF FATHER William Henry H, Girls 11 BIRTHPLACE	Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME 7 TO THE	*State the I is ase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cyllica Starsham 13 BIRTHPLACE OF MOTHER (State or Country). OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant), Robert 2 Since	Former or usual residence
(Address) New york	19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Registras If more banks are needed, addre, s tate Kegistras	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

8. No. 1

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WITH UNFADING INK--THIS IS MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, 6) Grocery;

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approved by Committee on "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the " elc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 DI ACE OF DEATH

C	ounty Cary Slings On Sea Co.	CERTIFICATE OF DEATH Registered No. 235
٧	Illage or City (No. (No. (No. (No. (No. (No. (No. (No.	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Widowed	18 DATE OF DEATH (Month) (Day) (Year)
6 D	7 (Month) (Day) (Year)	that I last saw here alive on an 10 1983
7 A		and that death occurred on the date stated above, at 10'00 Pm, The GAUSE OF DEATH* was as follows:
pa (b) bus wh	CCUPATION Trade, profession, or ticular kind of work General nature of Industry, iness, or establishment in ch employed (or employer)	Servle Myscardilis (Duration) 3 yrs. nos. ds. Contributory Interstitute neglinia
(S	10 NAME OF FATHER	(Secondary) Sub acul menga (Duration) 1 mos. ds. (Signed) W Sulf J Clothy
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country) Whenown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(loformant) The BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
15 Fil	(Address) Wh 3 ana calus D. ad 1-16., 1931 Thos. D. Shiffith REGISTHAR If more blanks are needed, address State Registrar, 6 E	St. Thomas Wordfull DATE OF BURIAL St. Thomas Wordfull 20 UNDERTAKER Ritichie Brus Ritichie Muse Ritichie
	is more orange are needed, address State Registrar, & E	. Frankin St., Balto., Requesting V. S. No. 1.

CTATE OF MADVI AND

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But In many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological death of lungs, meninges, peritonaeum, etc...

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify 99 which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrunic oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for maily The contributory (secondary or Intercurrent) Meastes (disease causing death), 29 ds., "Senlle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustlon," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EB 5 19

	PLACE OF DEATH County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH
	Summy france speciego	Registration Dist. No. 242
	Village or City Janham (No. 400	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH January 15, 193/
	6 DATE OF BIRTH December 3/ (Month) (Day) (Year)	that I last saw her alive on Jan 15 , 137
	7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at 2.55 fm. The CAUSE OF DEATH * was as follows:
No. of Street, or other Persons and Street, o	a) Trade, profession or particular kind of work. (b) General nature of industry	Endocardilis
-	business, or establishment in which employed or (employer)	Contributory acute Bronchets
	10 NAME OF FATHER FATHER Stewart	(Signed) Discours M. D. D. Discours M. D. Discours
	OF FATHER (State or country) & Geo Country, Md. 12 MAIDEN NAME	*State the Discase Causing Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Carriett. Disney 13 BIRTHPLACE OF MOTHER (State or Country) Fairfax County, Ca	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs ds. State yrs ds. Where was disease contracted,
	(Informant) Harry & Stewart	if not at place of dea.h?
	(Address) Lucham und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	Filed /-/6- 193/ Mus. Thu W. Hower	T. Jarolu Jone Bladens heng me., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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06745

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more province laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report household only Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). specifically the occupations of persons en-(6) For persons who have no occupation Stationary fireman, etc. But in many (not paid Housekeepers who receive a Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanue,
> "(Inanition," "Marasmus," "Old Age," "Shock,"
> "(Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage, stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid Example: Measles (disease death

If this certificate is looked over thoroughly and all questions data is essential and must be obtained before the certificate is permanently filed. spowered in detail, it will prevent further correspondence.

1931

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Teal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Loco Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The majerial 6 yrs). For many occupations a single word or term on Farm leborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. (b) Locomotive engineer, But in many Gracery;

Statement of Cause of Death—Name, first, the Dispense CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Imphoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

(Recommendations on statement of cause of approved by Committee on Nomenclature telunus) may be stated under the head of "contributory. American Medical Association.) as fracture of skull, and consequences (e.g., 807-818, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (discuse curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions nges, perilonaeum, etc., Carcinonu, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid or intercurrent) affection Chronic etc. valvular heart disease; The need not be contributory death

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Pr. Georges	CERTIFICATE OF DEATH
	WITHIN OCH AND	Registration Dist. No.
Vi		HARPY. St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January // , 198 / (Month) (Day) (Year)
6	Oct 16 , 1928 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1981. to
7 /	AGE If LESS than I day hrs. ds. or min.	and that death occurred on the pate stated above, at 20 A m. The CAUSE OF DEATH * was as follows:
H. (a) Trade, profession or articular kind of work	Diarshocas
b	b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs mos 2 ds,
9 6	(State or country) gdy attentle, mg.	Secondary (Duration) yrsg mos ds.
	10 NAME OF Wm. W. Hardy.	(Signed) 1981 (Address) Joyattovila Mo
RENTS	OF FATHER (State or country) Washington 9.C. 12 MAIDEN NAME	*State the lisease Causing Death, or, in doubts from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER Sanch 1. Stack	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
-	OF MOTHER (State or Country) Dallings Md. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
14	(Informant)	Former or usual residence
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Pashington DC Jan 14/1931

00747

3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

FEB 6

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH properly classified. of certificate. Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-Kenzie Hard stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED OR DIVORCED (Month)--(Day) CERTIFY, That I attended the deceased 6 DATE OF BIRTH that that I last saw h Magalive on ... struction onth) (Day) (Year) U and that death occured on the date stated above, at I 7 AGE tlfLESS than I day hrs. The CAUSE OF DEATH * was as follows: supplie 0 mos. (a) Trade, profession or particular kind of work carefully H (b) General nature of industry business, or establishment in (Duration) porta which employed or (employer) Contributory BIRTHPLACE EAT (State or country) Da 10 NAME OF FATHER 0 1921 (Address) . A.g. 11 BIRTHALAC 07 15 USE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) NO. O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA state ccup, ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER State yrs ds. ...yrs......ds. 00 (State or country) Where was disease contracted, if not at place of death? 0. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE oul Former or usual residence (Informant) DATE OF BURIA 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER Filed If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SERV

C

MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, lieuseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc Womworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Poul-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or indistry, and therefore an sary to know (a) the kind of work and also (b. the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, 6 yrs). For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The Locomotive engineer material Grovery;

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croub."); "uphoid fever (never report "Typhoid Pneumonia"); "phoid pneumonia. Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tehnous) may be stated under the head of "contributory. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. accident; Revolver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely. causing death), 29 ds.; Brouchopneumonia (secondary, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJUNY interstitial nephritis, cough; Chronic " "Old Age, " "Shock," The nature of the injury, etc. valvular heart disease The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A line data is essential and must be obtained before the certificate in permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage BU A	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE_OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, Frily classified. Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) properi stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH that (Month) (Day) that I fast saw have alive on IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH ds. or min.? BIOCCUPATION ERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) MARGI be EA OO 10 NAME OF (Signed) FATHER OF .. 192.07 (Address) 11 BIRTHPLACE o bi OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether S (State or country) AC 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 00 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs......mos..... (State or Country) Where was disease contracted, if not at place of death?. MY KNOWLEDGE 0 ō Every item CIANS sho statement Former or DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Registraz 血 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer the tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Serund, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

5

permanently filed

data is essential and must be obtained before the certificate is

ered in detail, it will prevent further correspondence.

1931

approved by Committee on Nomenclature (Recommendations on statement of cause of mas fracture of skull, and consequences (e.g., sepsis, American Medical Association. telahus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicumia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.; "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia." "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Annemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondar/ or intercurrent) affection need If this certificate is looked over thoroughly and al qu stions "Atrophy." "Collapse," "Cama," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart Measles ; not be disease,

FLY, PHYSI- sifled. Exact	Village or City The Laurel No Tanitarie	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 239
CORD d EXACT	2FULL NAME Florence Haymo	Sti: Ward) a hospitul or institu
Tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAG MANEN Id be st ny be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Modor OR DIVORCED (Write the word)	16 DATE OF DEATH Jany /2 , 192/ (Month) (Day) (Year)
BIND PERM E shoul at it mans on b	Sarry 10th, 1863	17 1 HEREBY CERTIFY, That I attended the deceased from 2 2 1920 to Jany 12 1921
D FOR	(Month) (Day) (Year) 7 AGE (Syrsmosds. If LESS than dayhrs. ormin.	and that death occurred on the date stated above, at 305 P. m The CAUSE OF DEATH * was as follows:
WRITE PLANT WITH UNFADING INK-THEVERY Item of Information should be carefully supplicated state CAUSE OF DEATH in piain term statement of Ocoura ATION is very important. See in	B OCCUPATION (a) Trade, profession or particular kind of work B OCCUPATION (a) Trade, profession or particular kind of work B OCCUPATION (a) Trade, profession or particular kind of work B OCCUPATION (a) Trade, profession or particular kind of work B OCCUPATION (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Suction) (Informant) Mix Cacharume Mc Elevante (Informant) Mix Cacharume Mc Elevante (Informant) Mix Cacharume Mc Elevante (Informant)	Contributory Nephretes
N. B E.	Filed Care 1221 Alf order A Tisher Registrar	20 UNDERTAKER ADDRESS LAGE LAGE
	ar more manks are needed, address atate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death ictanus) may be stated under the head of "contributory." stated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH County . Georges	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 243
ificate.	Village or City Bowle (No	St.: Ward) (If death occurred is a hospital or institution, give ita NAME in stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ins on back of	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH My 1930 (Month) (Day) Year)	(Month) (Day) (Year) I HEREBY CERTIFY, That Pattended the deceased from 1937, to 1937 that I last saw herealive on 1937
See instruction	7 AGE If LESS than I day hrs. de or min. B OCCUPATION (a) Trade, profession or particular kind of work Leafonsh	and that death occured on the datestated above, at 330 Pm. The CAUSE OF DEATH * was as follows:
ry important	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Duration) yrs. nos Z de
CCUPATION IS VE	FATHER Leward Hebron II BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Way aull Snowdor 13 BIRTHPLACE OF MOTHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death
statement of 0	(Informant) Walley Snow Lon (Address) Elenn Sole Ma	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ACCUMUNATION ADDRESS ADDRESS
	Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile Salesman. (b) factory. The Locomolive engineer, material Grocery;

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal definite synonym is "Fpidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croun") phoid fever (never report "Typhoid Pneumonia").

American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Traemia," "Weakness," etc., when a definite disease causing use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary Whooping inges, perilonacum, etc., Carcinoma, Sarcona, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary interstitial nephritis, cough; or intercurrent) affection need Chronic valvular heart etc. Nomenclature The contributory " "Shock," disense; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

E STIN

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the istanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death cough; Chronic etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions showered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is permanently filed.

5 -1981

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00754
1. PLACE OF DEATH	(131)
County Princes grages	Registration Dist. No. 276
Village or City for Marine	No. 2821 Gedan St., Ward
(It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
2. FULL NAME / Cole E. Janges	
2621261	O. W. 1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. It married, widowed, gridivorced HUSBAND of (or) WIFE of John H. Jung and	22. I HEREBY CERTIFY That I attended deceased trom
6. DATE OF BIRTH (month, day, and year) Jeg 25-1848	I last saw h alive on A long 1939 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, a 3 20 m.
8-2 7 5 1 (1 day,hrs.	The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Acaton
10. Data deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BtRTHPLACE (city or down) Hobbilles fewl (State or country)	Other Contributory Causes of importance:
	. 9 1
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Amelia Sminh	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Amelia Amelia 16. BIRTHPLACE (city or town) Person (State or country)	23. If death was due to external causes (VIOLENCE) filt In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREATERION OF REMOVALING Place To allies Date 14 31	Manner of Injury
19. UNDERTAKER Follow Son and	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED for 1 1931 / facy haily M. V	(Signed) Low halley M. D.
Registrar.	(Address) WTN and WW

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I			Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FED 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	to but a	1921	Run over by street car	1 week ago
Cerebral hemorrhage	URBAN V. S	July 5, 1927	Peritonitis	3 days ago
- I-moraspans				
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DATE OF BURIAL

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screau, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. " etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. The material (b) Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia, RECEIVED

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicocomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic valvular etc. Nomenclature The contributory Always qualify all heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

PARENT

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(Address)

(Informant)

(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF

Village or City Woodmare (No.	STATE OF MARYLAI CERTIFICATE OF DE. Registration Dist. No.
2 FULL NAME SULLY	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) W. LAMPED (Write the word) W. LAMPED (Month) (Day) 7 AGE (Month) (Day) 1 (Year) 1 dayhrs. 1 dayhrs.	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) 1 HEREBY SERTIFY, That I attended the d M 11 1921, t An 2 that I last saw h.l. alive on and 123 and that death occurred on the date stated above, at. The CAUSE OF DEATH to was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Unbrown	(Duration) yrs. (Contributory Secondary (Signed) (Duration) yrs. (Signed) (Duration) yrs. (Signed) (Duration) yrs.

F MARYLAND TE OF DEATH

ation Dist. No. 23

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

16 DATE OF DEATH	
(Month) (Day) (Year	
1 HEREBY SERTIFY, That I attended the deceased from	D I
Jan 1/ 1923/, to an 29, 1823	3,
that I last saw hel alive on and 23 1923	1
and that death occurred on the date stated above, at 12:00 no	62
The CAUSE OF DEATH % was as follows:	
General Tuberculosis	
(a cute miliony tuberalow)	
1 (History)	
(Duration)yrs,	d∙
Contributory Secondary	
(Signed) Surt (Deration) to mos. (Signed) M. (J4/31 192 (Address) Vilchie M.	de D
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	5
At place of death yrs. mos. da. State, yrs. mos	de
Where was disease contracted, if not at place of death?	
Former or usual residence,	_
19 CLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
But Man Jan M. 12	./
20 FNDERTAKER AUDRESS	

's more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

KNOWLEDGE

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnthe first line will be sufficient, e. g., Farmer or Planter, or given up on account of the disease causing Death, Housemuid, etc. If the occupation has been changed ployed, as At *chool or At home. Care should be taken work, or At definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-6 yr.8.). For many occupations a single word or term on Home, For persons who have no occupation and children, not gainfully em--Coal mine, etc. Womduties of the

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid forer (never report "Typhoid pncumonia"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinet EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-

> ence. Hons

the certificate is permanently filed.

All the data is essential and must be obtained before

-men head quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carholic acid-probably suicide. as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia," "PUERPERAL peritonitis," rhage," "Inanition," "Marasmus," "Old Age," "Shock," train—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a defiuite disease "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men If this certificate is looked over thoroughly and all ques-ons answered in detail, it will prevent further correspond-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; of cause of death approved by Committee on of "contributory." (Recommendations on state For VIOLENT DEATHS State MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles failure." "Haemor (merely (second-(disease not be

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PLACE OF DEATH County Ser Groves Village or City Riverdale (No	State of Maryland CERTIFICATE OF DEATH Registration Dist. No. 2145
2FULL NAME Martin Patter.	The Tlange, steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, MARRIED, MARRIED, MARRIED, MARRIED, MARRIED, OR DIVORCED (Write the word) MARIED, MARRIED, M	16 DATE OF DEATH (Nonth) (Day) (Year) 17 I HEREBY CERTIFY, That Pattended the deceased from 192/, to fame 25, 192/, that I last law hamalive on fame 25, 198/.
7 AGE If LESS than I day hrs. or min.?	and that death occured on the date stated above, at & a. m. The CAUSE OF DEATH * was as follows: Mystarditus
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) LIO NAME OF	(Duretion) 2 yrs mos ds. Contributory Acute Dilatitiva Secondary (Duration) yrs mos de.
FATHER Martin Trans. II BIRTHPLACE OF FATHER (State or country) Muchan Irrland. I 2 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address) (State the Discase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place
(State or country) / WALKAM OF VALLEY. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yis mos ds. State yrs mos de. Where was disease contracted, if not at place of death?
(Informant) (Address) Filed 30 1931 Ms associated	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Wash. 20 UNDERTAKER Law 3/, 18 3/ ADDRESS Lawsley Haulan 641 545 M-E
If more blanks are needed, addross State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., vin laborer, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, en at home, who are engaged in the gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer-Coul mine, etc. Wom-Salesman. Locomolive engineer, duties of the (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Instantonia ("Pneumonia"); Instantonia ("Pneumonia")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart lanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-thomicide; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Committee on Nomenclature of the for malignant neoplasms); Chronic Example: Measles (disease etc. valvular heart disease; The contributory Always qualify all Poisoned by Messles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

CEIV

S. No. 1

PLACE OF DEATH County B. GEORGE	00758 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2.45
	Ward) (If death occurred in a hospital or institu- tion, give its NAME in
2 FULL NAME PRUDELLA LEE Mac	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SINGLE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 2 , 1925 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 20 1981. to 23, 1671., that I last saw has alive on 2001/2 3, 1981.
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 11-15 P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Suphtheria
business, or establishment in which employed or (employer)	(Duration)yrsinos3ds.
9 BIRTHPLACE (State or country) Totaltorelle. Md	Contributory Secondary (Duration) Ayrs
10 NAME OF FATHER DONSEY B. Maguire	(Signed) John J. Malloney M. D.
OF FATHER (State or country) Baltimore, Md.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Flora Same	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Serve Gork,	At place In the of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)	19 PLACE OF BURAL OR REMOVAL DATE OF BURIAL
(Address)	It Jucola and Jan 24 10.31
Filed Jan 2141921 Mrs. Jas Severe Registrar	7 - Jaseles Jour Speatwille Md
If more banks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00758

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification in laborer, Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH Should County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U. S. if of foreign birth? vrs. mos. PHYSICIAN 2. FULL NAME (a) Residence: No. Ward RECORD (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT anno Month) (Day (Year) classified 5a. If marriad, widowed, or divorcad HUSBAND of CERTIFY, That I attanded decaused from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) death is said 7. AGE Years Months Bays If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. ware as follows: Date of onset 8. Trade, profassion, or particular ATION THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back plnods CUP work was done, as SILK MIL SAW MILL, BANK, atc.... 10. Data dacaased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... UNFADING instructions Other Contributory Canses of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_ (State or country) arefully What test confirmed diagnosis? Was thera an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: .5 Accident, suicide, or homicida?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?. (Specify city or town, county and State) DE Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT OF 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury WRITE CAUSE mation _Date_ Nature of Injury LION 24. Was diseasa or Injury in any way ralated to occupation of deceasad? 19. UNDERTAKER . (Address) If so, specify (Signed) ... 19.3 L Mrs Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sevant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st_ted unless important. Example: Measles (disease ingesp peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial neghritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essertial and must be obtained before the certificate is permanently alled.



OCCUPATION

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GIN RESERVED FOR BINDING	S IS A P	So that it	uctions o
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0076 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Prince Teachs Registration Dist. No. 2.3 St. Ward) (If doath occurred in a hospital or institu-tion, give its NAME in-etend of street and Milles PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE15 SINGLE. 2 SEX MARRIED OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH May 12_193/ to 192... (Day) (Year) 7 AGE If I ESS than The CAUSE OF DEATH Was as follows: I day hrs.ds.lor......nin. & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (Duration)yra.....mos..... business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF 12190 /. (Address). ARENTS 11 BIRTHPLACE *Sate the Disease Causing Death, or, in deaths from Violeit Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE In the At place State, yrs. mos. of death yrs. mos. da. (State or country) Where was disease contracted, if not at place of death?..... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Cure should be taken definite salary). may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, zhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Liture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement whatever, write None. isred 6 yes.). rasiness, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. 'The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Reactement of Cause of Death—Name, first, the new case causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia."

conditions, such as "Asthenia," "Anaemia" (mereiy ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con-Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PURPERAL sopticaemia," "PURPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvular heart disease; Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently filed.

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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Grot, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a be used only when needed. As examples: (a) without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The single word or term on Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic and consequences (e.g., sepsis, " "Coma," "Convulsions, valvular heart disease; etc. The contributory not be

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

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If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple L CEIV	NE IS	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	BURRAU	1921	Run over by street car	1 week ago
Corebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, achinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1111011000001010000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE B SINGLE WAGNAGE ON THE PROPERTY OF THE PEST OF MY KNOWLEDGE (Informant) A COMPACE (Informant) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 193 to	PLACE OF DEATH County Prince George's Village or City Seat. Plesant (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 234 St.: Ward) (If death occurred in a hospital or institution, give its NAME in
SEX DATE OF BIRTH STATE SINGLE SHARMED SHARMED	2FULL NAME MU	stead of street and
male Colored was a control of the colored when the colored words and the colored words are controlled to the colored words and the colored are colored to the colored are colored as a colored are colored are colored as a colored are colored are co	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10 NAME OF FATHER S. Str. Michael Control of Mother	male Colored WHOWER CED The	Jan 8 - , 1931
TAGE If LESS than I day hrs. If LESS th	Jan 8, 1931	17 I HEREBY CERTIFY, That I attended the deceased from
[A] Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER (State or Country) 12 MAJEEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 1 10 1931 Thos D. Hardles The More of Burial Or Removal (Address) ADDRESS To DRESS The More of Burial ADDRESS To Burial The Address ADDRESS The More of Burial ADDRESS The More of Burial ADDRESS The More of Burial The Address The Mor	7 AGE yrs. L mos. ds. or min.?	and that death occurred on the date stated above, atm,
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 1 10 NAME OF FATHER (Signed) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed 16 Thos D Tappett 16 Country 17 Department (Signed) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos ds, State yrs mos ds, In the State yrs mos ds, Where was disease contracted, if not at place of death? 16 Former or Usual residence 17 DATE OF BURIAL 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 19 PLACE OF BURIAL OR REMOVAL 20 DINSERIAWER	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mós ds.
ients or Recent Residents) At place of deathyrsmosds, At place of deathyrsmosds, Where was disease contracted, if not at place of dea.h? [In the Stateyrsmosds, Where was disease contracted, if not at place of dea.h?	10 NAME OF FATHER Sester Micholas 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Thus. D. Guration) (Signed) Thus. D. Guration of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Informant) Peoler Incholas (Informant) Peoler Incholas (Address) Bengs. J.P. P# (Address) Place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Packson Central New //o, 19 31 20 UNDERTAKER September 19 PLACE OF BURIAL OR REMOVAL Packson Central New //o, 19 31 20 UNDERTAKER September 19 PLACE OF BURIAL OR REMOVAL ADDRESS Priled /- 10 1931 Thos D. P.	13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds.
Filed /- 10 1931 Thos DIffith 20 ONDERTAKER Desta nekolas, Bup. Dr. P#	(Informant) Leolis Incholas	Former or usual residence
	Filed 1-10 1931 Thos D Fifth	Seste mekolas. Bup. D. P.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Locomotive engineer, 6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE	OF DEATH CLASS NO.
DISTRICT OF	Year Person
	NK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE
1. PLACE OF DEATH: Prime George's County, N	laryland.
No. 140 Desport H	zeglito sideral socion
Name of Hospital	Duration of residence therein
2. FULL NAME DOSEPHUNG INC	may of real
(a) Residence, No. 140 - Que of (Usual place of abode)	(If nonresident, give city or town and State)
Length of residence in D. of C., yrs mos ds. Ho	w long In U. S. if of foreign birth? yrs, mos, ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: 4. COLOR OR RACE: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):	16. DATE OF DEATH (month, day, and year)
Foundy Colored Yordow	17.
5A. If married, widowed, or divorced,	I HEREBY CERTIFY, that I attended deceased from
(or) William g. @ Yeal	that I last saw h. 22. alive on 1-26- , 1931
1281	A
6. DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, at 1
I dayhrs.	Totamen to Thousand
ormin.	
8. OCCUPATION OF DECEASED: (a) Trade, profession, or particular kied of work	
(h) General nature of industry, husiness, or establish-	(duration) yrs. mos. ds.
ment in which employed (or employer)	CONTRIBUTORY (SECONDARY)
(c) Name of employer.	(duration) yrs. mos. 18. Where was discase contracted
On a La Seria Sul	if not at place of death?
9. BIRTHPLACE (city or town)	Did an operation Date of operation
10. NAME OF COMMON (A)	Was there an autopsy?
11. BIRTHPLACE OF FATHER:	What laboratory test confirmed diagnosis?
City or town	(Signed) pellration, M.Q.
State or country 12. MAIDEN NAME OF MOTHER (in full) Many aun Ridgeley	(Address) V615 U800 Snum
MOTHER (in full) 13. BIRTHPLACE OF MOTHER: City or town	*State the Disease Causino Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
State or country	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: DATE
14. Above information furnished by Machine 14.	Mont Oliver 19.31
Address L 3 Factoristics	20. UNDERTAKER ILO G Better & Son
15. Relation of informant to decedent.	Address 1203 Walter St 8 E
	ED FOR BINDING
tion should be carefully supplied. AGE should be stated EX	THIS IS A PERMANENT RECORD. Every item of informa- ACTLY. PHYSICIANS should state CAUSE OF DEATH in
plain terms, so that it may be properly classified. Exact st	tatement of OCCUPATION is very important.

Form 7 H. D. C.

INSTRUCTIONS RELATIVE TO THE ISSUANCE OF DEATH CERTIFICATES

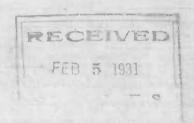
1. Certificates should be filled out in ink, and should, as far as possible, contain all information called for.
2. Certificates which bear evidence of unauthorized alterations, or which are in any other manner materially defective, can not be admitted

1. Certificates which bear evidence of unauthorized alterations, or which are in any other manner materially defective, can not be admitted to record.

3. When death has occurred without the attendance of a physician, or when it is believed or known to have been due to other than natural causes, or when either the cause of death or the identity of the deceased is uuknown, the death criticate must be signed by the coroner before a burial permit can have death as occurred without the attendance of a physician, or when it is believed or known to have been due to other than natural causes, or when either the cause of death or the identity of the deceased is uuknown, the death criticate must be signed by the coroner before a burial permit can have death of the coroner before a burial permit can have death of the coroner before a burial permit can have contracted elsewhere than at the place of death of the coroner before a burial permit can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., former or Planter, Physician, Compositor, Architect, Lecomositice engineer, Civil engineer, Stationary Aremon, etc. But in many cases, espectare of the care of the coroner of the co

WM. C. FOWLER, M. D., Health Officer.

REMARKS



Extracts from "The Code of Law for the District of Columbia, enacted March 3, 1901, amended by the Act approved June 30, 1902, relating to Cemeteries and the Disposal of Dead Bodies."

Sec. 675. That no dead body of any human being, or any part of such body, shall in said District be removed from place to place, luterred, of said District, nor otherwise than in accordance with the terms of said permit; permits for the removal, interment, or disposal granted by the health officer of said District, nor otherwise than in accordance with the terms of said permit; permits for the removal, interment, or disposal to be issued upon the presentation of a proper death certificate signed by a physician registered at the health department of said District, who has attended the decased during his or her last illness, or by the coroner of said District or his deputy, or by the proper muulcipal, county, or State authorities at the place where the death occurred.

Sec. 677. That it shall be the duty of any person or persons having custody or control of the dead hody of any human being, or any part of such body, to report in writing, or cause to be reported in writing, to the health officer of said District within forty-eight hours after the death of the deceased, the name of said deceased and the location of the body or part thereof.

Sec. 683. That it shall be unlawful for nny person or persons to cremate or otherwise destroy the dead body, or part of the dead body, of any human being in said District before the issue of the hurial permit by the health officer of said District, and then only when sald permit is countersigned by the coroner of said District authorizing such cremation or destruction. It shall be unlawful for any person or persons to embalm, inject, or, by any similar method preserve the dead hody or part of the dead body of any human heing in said District within four hours after death or before the issue of the death certificate; and in ease the death is believed to be due to other than natural causes, or the cause thereof is unknown, such embalming, injecting or preserving shall at no time he done unless such death certificate has been signed or approved by the coroner of said District.

Of

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furme or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Novant, Cook to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken laborer, Farm laborer, Laborer—(aut mine, etc. woun-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Caul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,"

> "Actahus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The Nomenclature Always qualify all heart contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

,				
PHYSI-		PLACE OF DEATH County Prince Georges	00768 STATE OF MARYLAND CERTIFICATE OF DEATH	
CORD ed EXACTLY, erly classified rtificate.	cate	FULL NAME (No.	Registration Dist. No. St.: Ward) a (If death occurred in a hospital or institution, give its NAME is stead of street and number.)	
Stated properly	Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
De ed	X	SEX 4 COLOR OR RACE 5 SINGLE, MARRIES, WIDOWED, OR_DIVORCED (Write the word)	16 DATE OF DEATH	
A PERMA CE should	0	DATE OF BIRTH Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1987 to 5 , 1987 , that I hast saw h alive on 1987 , 1987 ,	
FD FO	nstruction		and that death occurred on the date stated above, at	
NK1 NK1 y sup ain te	1. See	(a) Trade, profession or particular kind of work (b) General nature of industry		
I RES ING II	orta	business, or establishment in which employed or (employer)	(Duration)yrsds.	
NFADII of be ca death	E _	BIRTHPLACE (State or country)	Secondary (Duration) yrs mos de,	
MA U	Is very	FATHER Thomas Valltle Prosto	(Signed) M. D. M. M. D. M. D. M. M. M. D. M. M. M. D. M. M. M. D. M.	
WIT		OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
format tate C	AP	OF MOTHER Trange Pearl Tractor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
Inf	3	OF MOTHER	At place of deathyramosds. In the Stateyrsmosds.	

(State or Country)

15

Filed

(Informant) (Address)

Registrar If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19 PLA 20 UNDERTAKER

Where was disease contracted, if not at place of death?.....

Former or usual residence

TATE OF BURIAL ADDRESS

8. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Or For many occupations a single word or term on yrs). At Home, and children, not gainfully em-For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia

> (Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ""Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory

data is essential permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

72

PLACE OF DEATH	STATE OF MARYLAND
County Vince Serges	CERTIFICATE OF DEATH
	Registration Dist. No. 23/
Village or City Kenilworth (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Bobby See	Radford steet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal White Single, Widowed. OR Divorced (Write the word)	16 DATE OF DEATH 2 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 5, 1930	that I last saw h alive on
7 AGE If LESS than	7.50 _
l dayhrs.	
yrs. 6 mos. ds. or min.?	natural curse
(a) Trade, profession or particular kind of work	Jesobarry brondual
(b) General nature of industry	Juneushoura.
business, or establishment in which employed or (employer)	(Durstion) yrs mos de,
9 BIRTHPLACE	Sucondary Sucondary
(State or country) District & Columna	A Dorling Jan 1988 ds.
FATHER DOOR of Alanhiams Radia ((Signed)
() II BIRTHPLACE	192(Address)
Z (State or country) / Vingine	*State the Placase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
of Mother Mary anna Seas	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) (Virginia)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) 3/28 - Nacholy are	usual res.dence
(Address) Quaranta: 26	Beadcustury m 13 1, 1931
15 Filed Jan 137 1981 Mg D. Shills. Registra	of Sasche Lone Bladen Lung "MIS
If more banks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as c-Prennman septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, State cause for which surgical operation was undercan be ascertained as the cause. (seeondary or intercurrent) approved by Committee on Nomenclature of the leganus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJU.Y Never report mere symptoms or terminal condicough; " "Marasmus, " "Old Age, " "Shoek, Chronic affection need not be ete. The contributory valvular heart Always qualify all Measles ;

If this certificate is looked over thoroughly and all qu stions a majored in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M

PLACE OF DEATH	60771) STATE OF MARYLAND
County Prence Learge	CERTIFICATE OF DEATH
19	940 Registration Dist. No. 230
Village or City Franchvelle (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH Janey 16, 1884	17 I HEREBY CERTIFY, That I attended the deceased from 192 2. to 23, 1921,
(Month) (Day) (Year)	that I last saw h M alive on July 23, 1922,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	,
8 OCCUPATION (a) Trade, profession or Americal	Chrone Endocardites
particular kind of work \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
business, or establishment in which employed or (employer)	(Duration) 2 Tyrs. mos. ds.
9 BIRTHPLASE (State or country)	Contributory Augura Vectorio 2
10 NAME OF James & Jaylor	(Signed) Duration) Trs. mos. ds.
11 BIRTHPIACE	Keey 24 1821 (Address) Lescoyn Kel
OF FATHER Z (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Johanna Pryont	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trumpients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
LOP PULL	Former or usual residence
(Informant) Praceleville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 26., 19.31
15 Filed 91 - 25- 193 John & mith	J. Lasch's Sma Hyatterille Ma
If more banks are needed, addre.s Ltate Megistran	r, 16 W. Saratoga St., Bulto., Lequesting V. S. Jo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Loy laborer, Form luborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably swicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Whooping perilonaeum, etc., Corcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	are representative expenses as well as the	Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	2			
Other contributory causes of importance:		Other contributory causes of importance:	id.	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S.	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	00772 STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
County of the state of the stat	93-C Registration Dist. No. 2 3 5
Village or City Marfled Save-	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in - stead of street and
2FULL NAME Mary M. Sch	nopp,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SHARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan. 27 , 198/
8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Jan. 11, 185	that I last saw h alive on fau. 27, 192/,
(Month) (Day) (Year)	' >
7 AGE II LESS tha	and that death occurred on the date stated above, at 1.0
73 yrs. 0 mos. 16 ds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Jyrs. mos de.
9 BIRTHPLACE (State or country)	Contributory Curve any Sun balling
I 10 NAME OF	(Duration)mosde.
FATHER Mr (rown.	(Signed) Serving O.C.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
12 MAIDEN NAME OF MOTHER WARLE M. Croses	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transional or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathmosds. In the Stateyramosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
4 1 0 11	Former or usual residence
(Informant) Mary & 12ell.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Maryland Vark. MA	Washington. D. G. 1/29, 1931
15 Filed) 28" 1971 Lound & loy	20 UNDERTAKER ABDRESS
Filed 1971 2000 6 07	Mar 2 1 and Com 100

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Horeman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The single word or term on (b) Groccry; material engineer,

Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; I'oisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Enhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Caneer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as for malignant neoplasms); Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart discase; Nomenclature Measles ;

If this certificate is looked over thoroughly and all qu stions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(b) General nature of industry business, or establishment in which employed or (employer)

(State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER (State or Country)

9 BIRTHPLACE

RENT

15 Filed

(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER

PLACE OF DEATH	00773 STATE OF MARYLAND
County Prince George	CERTIFICATE OF DEATH
	Registration Dist. No. 239
Village or City Laure / (No. 324	tion live its NAME in
2 FULL NAME Benjaman Fran	7K/In Shaffer stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widowed. OR DIVORCED (Write the word) Marrie	16 DATE OF DEATH au 1927
February 20, 1867 (Month) Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1927, that I last saw har alive on 1927, 1927,
	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Lumber Merchan	Chrom Industrial Myhuly

Frances Purcell

(Address) 324 Prince George, St.

MY KNOWLEDGE

Contributory Secondary *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury (2) Whether and Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death. Where was disease contracted, if not at place of death?... Former or (Informant Mrs.) Emma Shaffer Everson usual residence DATE OF BURIAL OF BURIAL OR REMOVAL ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease 'Congenital,' "Senile,' etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory Nomenclature of the

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from should be used only when necded. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physicium, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cottan without more precise specification as Day Compositor, Architect, For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, Locomoline (b) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary or intercurrent) affection need not be approved by Committee on Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart disease; etc. The Nomenclature contributory Measles ;

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORA TO THE 127	Registration Dist. No. 245
Village or City Hyallandle (No. 21 2FULL NAME Victor Mugo Stm	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED	(Month) (Day) (Year)
(Month) (Day) (Year) 7 AGE Sq yrs. mos. ds. or min.?	17 I HEREBY CERTIFY, That I attended the deceased from 23 1929 to 6 1931 that I last saw how alive on 16 , 1931 and that death occurred on the date stated above, at 100 m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tomus de Contributory Carcus on a Contributory
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
OF MOTHER OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs ds. State yrs de. Where was disease contracted,
(Informant) (Address) Filed W 1921	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS 33 2- Pa. Qu.
Registrar	16 W. Sarotoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimental laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer, (rehousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) (b) For persons who have no occupation Automobile factory. The material Salesman. (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

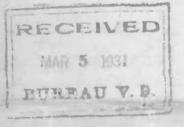
> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "Inanition," "Warkness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular " etc.), "Dropsy, heart disease; not be

	Village or City Copietal (No. Heigh	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 242 St.: Ward) (If death occurred in a hospit of institution, give its NAME instead of street and
	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. (Write the word) 6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
1	(Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work	that I last saw held alive on
1	(b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration)
	FATHER Odward Smeenery II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Makhoww	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
7	(Informant) W O Sweezers (Address) Capital Heights me 15 Filed 14-2 1929 Dahra P. Massy	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	Registrar	16 W. Saratova St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtion applies to e.ch and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, expecially in industrial employments, it is necessary to know at the kind of work and also (b) the nature of the business or industry, and therefore an muterial Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken Statement of Occupation -Precise statement of oc-The ques-For many occupations a single word or term on Locomotive engineer, Stationary fireman, etc. But in many additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Grocery; definite salary, may be entered as Housewife, Houseor At Home, and children, not gainfully emto report specifically the occupations of persons enstate occupation at beginning of illness. If retired from worked on may form part of the second statement. gaged in domestic service for wages, as Servanl, Cook, been changed or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (re-For persons who have no occupation Farm laborer. Loborer-Coal mine, etc. (b) (Votton mill; (a) Salesman, (b) The fulness of various pursuits can be known. If the occupation has (b) Automobile factory. Architect, Physician, Compositor, whatever, write None. Housemaid. etc. Foreman, Civil sngweer. ifrs !. Spinner, cases,

Statement of Gause of Death—Name, first, the DIS-EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi in all meningitis"). Dishtheria avoid use of "Croup"); Typhoid fever in more report "Typhoid Pneumonia"); Lobar pneumords afformed by the



"Inanition," "Marasmus," "Old Age, choos, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. The n .ture of the injury, telanus) may be stated under the head of "contributory." death unqualified, is indefinite); Tuberculosis of lungs, menetc. The contributory affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition." "Marasums" "Old Are" "Chankion." Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of Nomenclature Whooping cough; Chronic valvular heart on American Medical Association.) carbolic acid-probably sweide. (secondar, or intercurrent) nephrilis, by Committee interstilial approved

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis 19		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUREA'S V	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	00775 STATE OF MARYLAND
County LINCE GOON CORPORATE LIMITS OF	CERTIFICATE OF DEATH
	Registration Dist. No. 3 3 9
Village or City Saurel (No	St.: Ward) (If death occurred In a hospitel or institu- tion, give its NAME in- stead of street and number.)
4	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married or Divorced (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Rec 16th, 1900 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 28/8 /192 to 192 , 192
(Month) (Day) (Year)	
1 day hrs	The CAUSE OF DEATH * was as follows:
30 yrs. mos. 2 ds. or min.	
BOCCUPATION (a) Trade, profession or	official a least
particular kind of work (b) General nature of industry	That huntel, me it trustoly
business, or establishment in	(Durstion)ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Causias	Contributory Secondary
10 NAME OF FATHER GAREST Daulor	(Signed) DIR 6 Mawrath M. D.
0 11 BIRTHPLACE	192 (Address) & aux //4
OF FATHER (State or country) January	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 6 Cognoth Cogers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Egbert Layfor	Former or usual residence
(Address I frantfille Kausas	Joheka Causes 2/7, 1931
15 File Tel. 2 181 Kadely S. Filor	20 UNDERTAKER ADDRESS
Defectly Register	r. 16 W. Syratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, whatever, write None. etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal minc, etc. (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. valvular heart Always qualify all The contributory disease;

V. S. No. 1

Exact

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(73) Registration Dist. No. 23
Village or City Gler Laft, Afric	St.: Ward) Thout (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wind Wed OR THE STATE OF THE WIND WED OR DIVORCE O (Write the word)	(Month) (Year)
5 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Year) (Day) (Year)	192 . to
7 AGE 2 2yrs. 5 mos. 1 5 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Wekand Lead, Homisidal
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Leongia	Contributory Secondary D. Duration flyte mos. de.
10 NAME OF FATHER GMANWER, H. Thomas	(Signed) M. D. Capril 7 1924 (Address) Faculture
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Thos H. Garrison	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wf Marlono md.	arlington on Centery 4/9, 1921
Filed 4-7 1931 Thos. J & flish Registras	Will K Sabler 928 h >1, W
If more hanks are needed, addre e tata Kagistrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The quosgaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart laurur,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uracmia," "Weakness," etc., when a definite discase "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Mcdical Association.) "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., o. Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, " "Coma, "" "Convulsions,

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Orine Glorges	Registration Dist. No. 245
Village or City Agattsoille Md	No. St. Ward
26	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frankling J. Jungle	1
(a) Residence: No. Owens & Luttrell aves	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	26 1931
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Got) Wife of Grace Jules Trugley	22. A I HEREBY CERTIFY. That I attended deceased from 21 1931 to au 26 1931
6. DATE OF BIRTH (month, day, and year)	/ Hast saw him alive on Jan 216 1931 death is said
7. AGE Years Months Days /If LESS than	to have occurred on the date stated above, at 9 0 m.
59 2 19 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset 1 2 1 3 1
kind of work done, as SPINNER, Meteorologist	milo corains 1/31/31
9. Industry or business in which work was done, as SILK MILL,	Cardiae allatation 1/26/18
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 120 1 1 1 Total time (years) spant in this 33 occupation 33	
year) - 20, 1931 occupation 32	Other Contributory Causes of importance:
12. BIRTHPLACE (only or town) Marion, Indiana	
(State or country)	- Interted 100 Un June 129
13. NAME // araball t lengtey 14. BIRTHPLACE (city or town) Starrisburg	
14. BIRTHPLACE (city or town) Aarrisbring	Name of operation
(State of Country) Culation Ra	What test confirmed diagnosis?
15. MAIDEN NAME Mary (Moore) Tragley 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Marush	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Egbert F. Tingley (Address) 12. 1 ruseur ave. H. Attanto. Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Washington & Coate Law 28,193	Nature of injury
Per Class Oct III	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER & Sparkes Doug	27. Tras disease of injury in any way leaded to occupation of deceased:
19. UNDERTAKER & Backs Sould (Address) Bladensling m	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
CADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	

Registration Dist. No. 243

(If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED Write the word) 6 DATE OF BIRTH (Day) (Year) and that death occured on the date stated above, at ... 7 AGE IIfLESS than I day hrs. DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF .. (Address) ... 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrs......mes.. (State or country) Where was disease contracted, if not at place of death? Former or usual residence ADDRESS

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PLACE OF DEATH

Registra

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The quessary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, ctc. Womwithout more precise specification as Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer Doy

Statement of Cause of Death—Name, first, the DISAEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphableur (the only definite synonym is "Epidemic cerebrospinal menin tis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobae pneumonia. Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart Ianure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Corcinoma, Sarcoma,, etc., o carbolic acid—probably swicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury American Medical Association.) (Recommendations on Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic statement of cause of Example: Measles (disease valvular heart disease; etc. The contributory Nomenclature Measles , not be

answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently fled.

	County Prince George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23/
	Village or City Sandwer &d. 2FULL NAME Hettie M. Vaulle	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemale White Single, Married, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 1981 198
	6 DATE OF BIRTH 1 LORE 20th, 1846 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 1920. to Jan., 1921, that I last saw h Malive on Jan., 1921,
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3 . m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Peter & Van Vallenburg 11 BIRTHPLACE OF FATHER (State or country) 12 State or country)	(Signed)
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
)	(Informant) All Vaulabeulug (Address) 8509 - 107th of Recovered Hall	where was disease contracted, if not at place of dea.h?
	Filed Jan 188 m. Spicer Registrar	20 UN DERTAKER H Saseli's Lons Ayattsville M. 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Never report mere symptoms or terminal condior intercurrent) affection Chronic valvular heart disease; and consequences (e.g., sepsis, " "Coma," "Convulsions," etc. The contributory need not be

PLACE OF DEATH	STATE OF MARYLAND
County Truck George	CERTIFICATE OF DEATH
WITHIN CONTRACTOR AND	(21) Registration Dist. No. 245
Village or City Hyatterdle Md (No.	St.: Ward) (If d-ath occurred in a hospitul or institu- tion, give its NAME is - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
Jemale White 55 SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH AND (Month) (Day 1/3 / (Year)
6/DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to face 1931 that I last saw h & alive on Dec 5/ 1925
7 AGE If LESS than I day hrs. 1 day h	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or Afmente	Couring the fraging
(b) General nature of industry Business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) Washington D 6	Contributory Caretic Mascular weat Secondary Median Duretion yre mos ds.
10 NAME OF FATHER Muchael Inffini	(Signed) Minus (Mattergly M. D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MURLINIA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place 3 yrs. 2 mos. ds. In the 3 yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, wish. 26 if not at place of death?
(Informant) Sacrad Home records.	usual residence
(Address) Hyatts ville mol	Markington 1/2, 1931
Filed an 1" 1989 Mrs. as Seven	20 UNDERTAKER Taltourull 3619.14 XM
If more blanks are needed, address Cate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (ri ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, etc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The Laborer-Coal minc, etc. Architect, Salesman, Locomotive engineer, not gainfully em-(b) The quesmaterial Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec-Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on Nomenclature cough; Chronic valvular heart The contributory Measles; disease;

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the cert data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

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PLACE O	mi Georges
TO TO	
County 1	mel Glorella

00783 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 230

	JLL NAME	r 1	Weems St.: War	d) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	Color OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	5 , 193/ (Day) (Year)
6 DATE OF BI	RTH Jac (Month	5 , 193/ (Day) (Year)	that I last saw h alive on	ttended the deceased from , 192,
7 AGE	yrs	lf LESS than l dayhrs. ormin.?	and that death occurred on the date stat The CAUSE OF DEATH * was a follows:	0
(b) General a	nd of work	luid uyu, ved.	Contributory Secondary (Duration)	yrs. ds.
	LACE HER or country) Near B	ellouile, Mel	(Signed)	h, or, in deaths from Injury and (2) Whether
OF MOT	HER WOUL	E. Husey Gerallowille. Coo	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place In to death yes mos. ds.	
(Informan	t)	- D 1a	if not at place of death? Former or the usual residence.	
	dress)B	ereyy wil	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed an	W-7- 19731	Vise D Smith	20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more parameter. Vom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile factory. The material Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely 10 ds. stated unless important Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenclature etc., Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. valvular heart The contributory Measles ; not be disease

If this certificate is looked over thoroughly and a'l questions adswered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

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1931

If more banke are needed, addross State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. E. No. 1

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Uousemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup fover (the only definite synonym is "Epidemic cerebro Typhoid few (never report "Typhoid Pneumonia");
Lobar pneumone, Branchopneumonia ("Pneumonia," ed term for the same disease. Examples: Cerebrospina to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dr

> answered in defail, it will prevent further correspondence. I the data is essential and must be obtained before the cartificate is permanently filed. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonits," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "IIaemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-..... (name origir; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY interstitual nephritis, cough; Chronic etc. valvular heart disease; The contributory Sarcomu,, etc., of

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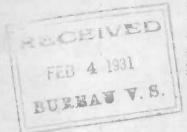
FXact -	PLACE OF DEATH Genge	00785 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD EXACTENTIAN IN CLASSIFIED	Village or City Marrie (No. 31 2FULL NAME Fichie L. W	(16 death occurred in a hospit I or institu- tion, git is NAME it. stead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ZG EN ZG AC OF OF OF OF	3 SEX 4 COLOR OR RACE STINGLE. MARRIED. WIDOWED. OR DIVORDED (Write the word)	16 DATE OF DEATH Saw 20, 1931 (Month) (Day) (Year)
BINI PER E . hou at it m	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h alice on 720 184 192
D FOR HIS IS A lied. AC ns so th	7 AGE (Month) (Day) (Year) (Year) 7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
SERVECINK-THI INK-THI In supplication term to See ins	a) Trade, profession or particular kind of work (b) General nature of industry	Malure come, fasty given I hay
RE ING	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributor less that as disting any less with the Web as which as the way to the the first as the way to the w
UNF Ould b	10 NAME OF Stirel Wicker	(gigned) / Larry halley had. D.
WITH tion sh	UN STATE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) 1944s of Injury and (2) Whether Accidental, Suicidal or Homician.
informa state ccupA	of Mother fame Nyev 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE or Hospitals, Institutions, Transients or Recent Residents or Ling Colombia
of o	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRJTF y item NS sh ement	(Address) 3104 Alt. Real	Former or usual residence 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 7 3 3
No. 1	15 Filed Ren 10 1991 Havey halley	20 UNDERTAKER ADDRESS Ble blushoft
×	Registrar If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever theore report "Typhoid Pneumonia"); Lobor pneumonia, Bronde and "Typhoid" ("Pneumonia");



inges, peritonneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for mulignant neoplasms; Measles; Whooping cough; Chronic valeular heart disease; Chronic interstitial nephritis, etc. The contributory Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc., "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ". "Weakness," etc., when a definite disease Always qualify all resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. corbolic acid - probably sucide. The n.ture of the injury, unqualified, is indefinite; Tuberculosis of lungs, menaffection need not be taken. FOR VIOLENT DEATHS state MEANS OFINJURY accident: Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences te. g., sepsis, State cause for which surgical operation was underclonus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions," Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of Nomenclature as the cause. approved by Committee on American Medical Association.) (secondar, or intercurrent) stated unless important. can be ascertained "Uraemia, diseases

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND			
County Truce Georges	CERTIFICATE OF DEATH			
	Registration Dist. No. 235			
00				
Village or City (No.	St: Ward) (If death occurred in a hospital or institu-			
2FULL NAME Cliner (some	tion, give its NAME in- steed of street end number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIES. WIDOWED,	16 DATE OF DEATH			
male Colored OR DIVORCED (Write the word)	porasid bland The Total			
6 DATE OF BIRTH	(Month) (Day) (Year)			
lucknows				
(Month) (Day) (Yesr)	thet I task sew h hand alive on			
7 AGE [If LESS than	end that deeth occurred on the date stated above, et			
I dayhrs.	The CAUSE OF DEATH * was es follows:			
ds. or min.?	Spannel a Cold			
(a) Trade, profession or	Cotronges			
particular kind of work (b) General nature of industry	toud lynn golfin words,			
business, or establishment in	(Duranon) yrs mos ds.			
which employed or (employer)	Contributory			
9 BIRTHPLACE (State or country)	Secondary 5 & S/ittach Corol.			
10 NAME OF	dyadon) St. Mos. Mos. Cas.			
FATHER CHIPMON	(Signed) M. D.			
II BIRTHPLACE OF FATHER	1926 (Address)			
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE	ients or Recent Residents)			
OF MOTHER	At place of death yrs mos. ds.			
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of dea.h?			
01:102:01	Former or			
(Informant) Jodnich Miller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address) Chulon Ind.	alma House . 1-10 ,1931			
	20 UNDERTAKER ADDRESS			
Filed 1-10 1931 Thos. D. Affects Dep Registrer	Retaline Bros. Retative kup			
If more banks are needed, address Stete Registres	, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as way laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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2/	nfor- state	STATE OF MARYLAND	CERTIFICATE OF DEATH
X)	·- / P	1. PLACE OF DEATH	(31)
CX	ould s	County Prince & earges	Registration Dist. No. 2 45
-	item af should of OCC	Village or City University of and	No. 4 Vacles C. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
/	N N N	Length of residence In city or town where death occurred 5 yrs. 9 mos.	ds. How long in U.S. if of foreign birth? H. J. yrsmosds.
1	RD. Every YSICIANS statement	2. FULL NAME & Richard your	~g
•		(a) Residence: Not 4 - Jackson Cut (Usual place of abode)	Ust., Ward. If nonresident give city or town and State
	RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	, K	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The manual	21. DATE OF DEATH Jan 193 (Month) (Day) (Year)
ž	CT	5a. If married widowed or divorced	(Month) (Day) (Yaar)
IDI	A A ass	HUSBAND of Con) WIFE of Barbara young	22. HEREBY CERTIFY, That I attended deceased from
BIND		6. DATE OF BIRTH (month, day, and year)	I last sow h me alive on June 140 1961; death is said
~	erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 1 40 A.m.
Q	IS A PE stated E properly certificate	201-22 - 1863 1 21 or 4 5 min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
ID F	be si be po of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wemis Come Date of open
VE	ould may pack	9. Industry or business in which work was done, as SILK MILL, 12	
ER	M	SAW MILL, BANK, etc.	
RESERVED	HE TO	10. Date deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation 4. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
24	DING I AGE so that	0 3	Other Contributory Causes of Importance:
Z	J. So ucti	12. BIRTHPLACE (city or town) 1 Comments (State or country) 1 Charles 1 de 2 de	Chumis nighting of Chimis 1928
MARGIN	NFADING plied. AGI rms, so tha	E 13. NAME & Richard	myradshi
IA	D # # a	14. BIRTHPLACE (city or town) 13 armen	Name of operation Date of
		14. BIRTHPLACE (city or town) Samen (Stata or country) Eleveld . Derman	What test confirmed diagnosis? Was there an autopsy?
-	WIT. efully in pla ant.	H 15. MAIDEN NAME Change	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
	Y, are H i	16. BIRTHPLACE (city or town) 3 armen	Accident, suicide, or homicide? Date of injury, 19
	E SA	State or country) Eleveldy	Where did injury occur?
	PLAI ould F PE	17. INFORMANT Barbard of wing (Address)	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40 5	Sho Sho OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place II Jincolu Mad Date Jon 16 3 1936	Nature of injury
-	-WRIT mation CAUSE TION	19. UNDERTAKER J. Hascht House	24. Was disease or injury in any way related to occupation of deceased?
No.	FOT	(Address) Blackers 411	If so, specify
vi /		20. FILED and 15 1931 Mrs Jas, Sere 2	(Signed) Juneau Jung M. D.
A	21)	Registrar.	(Address) pullingly of
		If more blanks are needed, addres State Registrar.	2411 N. Charles Street Baltimore Requesting 91 S. No.

1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastrocuteritis	1 year	ROCELI AN 221
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	4	